



Reproductive Health  
Supplies Coalition

# Market Development Approaches Working Group

REVISED WORKPLAN

2010-11

## Market Development Approaches Working Group: Objectives

*The Market Development Approaches Working Group (MDA WG) is one of the three Working Groups of the Reproductive Health Supplies Coalition [RHSC], a global partnership of public, private, and non-governmental organizations (NGOs) dedicated to ensuring that all people in low- and middle-income (LMI) countries can access and use affordable, high-quality supplies to ensure their better reproductive health. For more information, please see <http://www.rhsupplies.org/>.*

**Objectives:** The MDA WG contributes to the goal of RH supply security through a greater focus on the "total market" which, by definition, includes the private and commercial sectors. It seeks to bring about changes that allow for greater movement "up" the value chain, from subsidized to non-subsidized products. It aims to aid overall market growth, greater equity through better targeting of subsidies and wider private sector involvement.

The goal of the MDA WG is: to improve access to and choice of RH supplies for low and moderate income consumers through public, private, and commercial sectors.

The purpose of the MDA WG is: to ensure country level teams and implementers able to access models, tools and approaches that facilitate the development of market approaches that meet the SRH needs of lower income consumers.

Projected results:

- Existing models, tools and approaches that facilitate SRH supply market development shared and disseminated.
- Awareness raised, synergies exploited, duplication avoided among Coalition members with regard to MDAs.
- Supportive environment for SRH supply market development strengthened.

Anticipated outcomes:

- Efficiency – MDA interventions will serve to move people “up” the value chain from heavily subsidized products to wholly commercial and non-subsidized products
  - Effectiveness – MDA interventions will result in overall market growth
  - Equity – The success of MDA interventions relies on a better targeting of subsidies (public sector, NGOs, social marketing)
  - Private sector composition (higher number of actors)
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## Market Development Approaches Working Group: Workstreams

### Workstream 1: MDA Resources, Tools and Guidelines

To date, the MDA WG has developed a number of resources, tools and guidelines which are designed to facilitate Market Development Approaches. The resources developed include:

- [a] The Market Segmentation Primer [formerly Workstream 1: Market Segmentation *Toolkit*];
- [b] Indicators to measure market development [formerly Workstream 2]; and
- [c] The Market Development Approaches web-based "key issues guide" developed by the MDA in 2006 [see: link: <http://www.eldis.org/index.cfm?objectId=8B6FF1D6-FA19-98B1-6FD7490BF36EBF86>].

Two new areas of focus:

[1] New Resource: A further resource—a Market Segmentation Guide—is to be developed to complement the Market Segmentation Primer. The content of the Guide is under discussion and is likely to be led by colleagues from Abt Associates and PATH – with guidance from USAID which may be in a position to fund some of the work.

[2] Promotion and Dissemination of Existing Resources: Particular effort is to be made to promote the use of the existing [and future] MDA Resources, Tools and Guidelines as widely as possible. The initial focus will be to raise awareness of the resources among RH Supplies Coalition member colleagues. Efforts will then focus on promoting awareness of them among colleagues within RHSC member organizations and then among national stakeholders in-country and on promoting their use. This work will involve:

- Liaising with RHSC Secretariat Staff to ensure the resources are on the RHSC website;
- Liaising with the RMAWG to ask them to promote and disseminate the resources – particularly among in-country partners;
- Identifying individuals within organisations represented in the MDAWG to help promote and disseminate the resources;

**Discussion point:** Roles and responsibility for the Promotion and Dissemination of the Existing MDA Resources are currently being determined. Champions are required to move this work forward.

## Workstream 2: Mainstreaming Alternative Approaches to RH Commodity Security

The MDAWG is working to identify strategies that merit streamlining within the RHSC and advocating within and beyond the Coalition. Once identified, these strategies will be analysed and documented in briefs and other dissemination products and disseminated beyond the membership as part of RHSC advocacy efforts. In disseminating information about these strategies, the MDAWG will work closely with the Resource Mobilization and Awareness Working Group.

*Rationale for New Workstream 2:* to raise awareness of different, proven approaches that can be used to secure and sustain reproductive health supplies strengthen coordination with the across working groups, as well as the integration of policy and technical approaches identified by the groups in the Coalition's advocacy and dissemination efforts. In other words, the Coalition's membership needs to be familiar with proven approaches in securing and sustaining reproductive health supplies if it is to advocate effectively for those strategies.

This need is especially critical when it comes to innovative financing approaches, public/private partnerships, and integrating advocacy into a changing global health context. New funding and budgeting mechanisms such as Sector Wide Approaches, budget support, basket funding and national health insurance, together with the trend toward health sector reform in some countries, can be perceived as threats to reproductive health commodity security (RHCS). When the financing environment changes, however, advocates must find new ways to navigate the decision-making process and influence various stakeholders to ensure that RHCS remains a priority. They must also be able to articulate the potential role of the private sector in increasing the sustainability of the reproductive health product supply.

The remarkable growth of the Coalition to date and the impressive turnout by multiple donor, advocacy, and implementing organizations observed at the annual membership meetings suggest that the Coalition itself is the ideal forum for mainstreaming new approaches, increasing support for innovation, and fostering cross-sector collaboration. The mainstreaming activity aims to achieve these objectives by creating synergies between working groups and disseminating state of the art approaches within and beyond the Coalition.

To drive this work forward, a "Mainstreaming" team, drawn from the MDAWG and including members of the RMAWG, is to be constituted. The activities of the team are to be organized in three parts:

**[1] Document:** the Mainstreaming team will document technical approaches and policies relating to public/private collaboration, health financing and advocacy that have helped secure reproductive health suppliers beyond traditional commodities donations. [Every effort will be made to use existing material used in similar initiatives, such as the USAID-funded Africa Health Network.]

Topics are to include: health financing approaches such as risk pooling; national health insurance; insurance-linked provider networks; contracting mechanisms; and voucher programmes. The exercise will also include documenting financial mechanisms in the context of health sector reform, such as basket funding, budget support, which are increasingly used to coordinate donor contributions to government systems. [For example, existing briefs such as DELIVER's primer on advocating for RH commodity security within a sector wide approach can be adapted and integrated in the Coalition's mainstreaming and advocacy activities.]

**[2] Mainstream:** The goal of this phase will be to mainstream state of the art and innovative approaches within the Coalition and explore implications for its advocacy effort. The Mainstreaming team will develop themes and workshop topics that foster a better understanding of health financing, public/private collaboration, whole market approaches and new advocacy strategies to be promoted by Coalition [among members and beyond].

One possibility would be to pilot some of these approaches during the next annual membership meeting. The Mainstreaming team will identify experts within and beyond the membership who can present case studies, articulate challenges and share best practices at the general meeting. Examples of presentations that may be considered include: the role of the private sector in meeting reproductive health needs; vouchers for family planning services in Kenya; health insurance in the Philippines; health reform in CIS countries; contracting out of NGOs in Latin America; the growth of HMOs and community-based financing in West Africa; and the role of private health providers and suppliers in Indonesia.

**[3] Advocate and Disseminate:** the mainstreaming team will coordinate with colleagues within the same organizations and with affiliated in-country stakeholders, network and projects, to disseminate advocacy messages and tools [these could draw on the findings of activities carried out in the annual membership meeting and the documents gathered in parts 1 and 2].

The mainstreaming team will also work with colleagues to ensure that the alternative and innovative approaches are featured in the Supply News feature on the Coalition's website. In addition, the briefs, case studies, research documents, tools and presentations will be uploaded and organized in a database on the RHSC website for easy access by members and the general public. Finally, the database will be advertised through reproductive health networks to encourage learning by unaffiliated organizations. If deemed necessary, a workshop can be organized under the auspices of the RHSC or in collaboration with other initiatives to further mainstream the tools and approaches presented at the general meeting.

***Developing Workstream 2:*** From the MDAWG, Abt Associates and Futures Group are working on a draft format for the various issues on which this workstream is to focus. From the RMAWG, PAI is taking a lead, in collaboration with other partners, to work on an outline of a potential thought piece/primer on the issue of Sector Wide Approaches [SWAps].

### **Workstream 3: Targeted Advocacy for Market Development Approaches**

This workstream continues to consist of two separate parts:

- **IMS-Type Data-Base:** This work seeks to press for an IMS-Type Data base for Reproductive Health Supplies – perhaps by starting off with data collection in a representative country to show its value in determining market potential. Steve Kinzett [[skinzett@rhsupplies.org](mailto:skinzett@rhsupplies.org)] is in contact with the International Pharmaceutical Association and IMS re work improving private sector supply chains for essential medicines. The current focus is looking at whether [and how] RH supplies can be included in forthcoming surveys in Ghana and Gambia.

- **Influencing DHS at national level:** This work focuses on advocating for the inclusion in DHS national surveys of questions on brand and price of contraceptives being used. The current focus is to build support for the dissemination of possible questions for integration of questions on brand and price of contraceptives being used into DHS national surveys where they about to be carried out. The MDA is to seek support and collaboration from the RMAWG and, in particular, RMA members which might be well placed to facilitate this in-country work.

*The development of this workstream has been driven principally by USAID with support from the Coalition Secretariat*

#### **Workstream 4: Facilitating the availability of quality generic supplies:**

In response to the imperative need for *quality supplies* to be available for donors, governments and other agencies to buy, this workstream—a collaboration with the Systems Strengthening Working Group—seeks to help manufacturers of generic supplies which currently have little knowledge of what to do and where to go to negotiate the necessary steps to ensure their products meet appropriate quality standards and to get their products to market.

The workstream focuses on:

- Pre-qualification under the WHO scheme of a range of hormonal contraceptives products [from the different HC products groups [oral contraceptives, emergency contraception, injectables, implants, hormone-releasing IUS]
- Under the Innovation Fund financed AQAS Initiative, the MDAWG—with leadership from Concept Foundation—is working on the provision technical and strategic assistance to a selection of generic manufacturers of HC products which are relatively better placed to meet and maintain the standards required to achieve pre-qualified status under the WHO scheme mentioned in the previous bullet

This will include adherence to CGMP, the submission of complete application dossiers [plus site dossier], documentary proof of API sourcing

- Setting out and then implementing, in collaboration with the SSWG, a strategic plan to look at how to raise the interest of the generic manufacturers of HC products in achieving pre-qualification for one or more of their products under the WHO scheme.

The strategic plan under development will seek to identify options for action that will culminate in the emergence of a vigorous market for quality assured generic hormonal contraceptive products and identifies the key stakeholders in this dynamic process [these are broadly: the generic manufacturers of hormonal contraceptives; the procurers that are RHSC members; the donors that are RHSC members (including, importantly, the World Bank); the national regulatory authorities [with a focus on those countries with generic manufacturers of hormonal contraceptives]; testing laboratories; and WHO [as overseer and manager of the HC PQ scheme

This workstream has been driven by IPPF-ICON, then latterly Concept Foundation and beyond the MDAWG from UNFPA and WHO colleagues in the Systems Strengthening Working Group.

### **Support to WHO initiative for Pre-Qualification of Hormonal Contraceptive products**

The Assuring Quality Assured Supplies [AQAS] Initiative is receiving Innovation Fund finance, is driven by the Concept Foundation with support from the AQAS Advisory Committee, chaired by MDAWG leader, Ben Light, with members from Abt Associates [Francoise Armand]; Concept [Lester Chinery]; and the Supplies Coalition Secretariat [Steve Kinzett]. The initiative is designed to complement the on-going work being undertaken by WHO—the Pre-Qualification scheme launched in 2006—to ensure the consistent availability of quality hormonal contraceptives [oral contraceptives, emergency contraception, implants and injectibles].

The AQAS Initiative—developed with periodic, strategic inputs from WHO—is working closely with a number of generic manufacturers of hormonal contraceptives to build their capacity to produce quality supplies and prepare them for WHO pre-qualification.

### **Expansion of this workstream**

Matters that are connected to the overall concept of quality and efficacy of reproductive health supplies in the field may also be addressed as a logical extension of this workstream. These matters relate to the whole question of counterfeit goods and their proliferation in low-middle income countries especially if they are hormonal contraceptive methods.

## **Workstream 5: Facilitating an enabling environment for the non-public sector to complement the health stewardship role of the State**

As the MDA WG has discussed before, the stewardship role of the State in guaranteeing the health of the whole population is well understood. In developed countries, the key role of the public health system is complemented by efforts of the private sector and non-profit organizations. However, in many developing countries the health sector is dominated by the public sector with non-public actors playing often undervalued and sometimes marginal roles. Relationships between public and non-public efforts are *sometimes* characterized by friction, mistrust, and mutual suspicion.

This workstream looks at how to encourage the public sector to validate and value non-public sector contributions that improve the reproductive health of the population. It will seek to promote the virtues of supporting and ensuring coordination among all in-country pro-RH efforts. In a number of cases, the non-public sector actors present at the meeting said they had experienced major difficulties in trying to work in some countries – hampered apparently by a suspicion of non-public sector involvement in health care/ provision.

Defining and clarifying possible complementary roles of the public sector and non-public sectors in contributing to national efforts to improve SRH could be an important contribution to maximising use of in-country resources. In other words what is required are some key messages that can be used to try and change the mind frame of the public sector – what works – what has been effective in other countries - and turn these words/actions into a messaging toolkit to facilitate the validation and valuing of the role of the non-public sector in reproductive health care and provision. Initial work under this workstream could also focus on showing with reliable data that a significant proportion of SRH needs of the

population are already being met by the non-public sector [whether, for example, mission hospitals, NGOs, private sector]. This information could then be used to create a more enabled environment which would be likely to lead to expansion of the whole sector and improved access to SRH services and care.

The thrust of this workstream links closely with the PSP-One Project mandate of facilitating an “Enabling environment for the Private Sector.” The idea is that if Government can acknowledge the role that the private sector plays (and how much) they can work together to increase overall coverage especially in the Reproductive Health sector.

This workstream considers the benefits of defining and clarifying complementary roles of the public and non-public sectors in contributing to national efforts to improve SRH – thus improving the use of in-country resources. The workstream:

- Places emphasis on supporting the stewardship role of government in ensuring health of whole population;
- Recognises the significant role of the non-public sector in health service provision
- Seeks to promote enhanced cooperation and collaboration between public and non-public sector [QoC, QA, QC]

*Development of this workstream has principally been driven by UNFPA and USAID.*

### **Total Market Initiative**

The principal initiative that the MDA has developed in this area is the Total Market Initiative. In mid-2008, consensus emerged among MDA WG members to develop a total market initiative to hone and share ideas as outlined by a number of the workstreams. Two Total Market Initiatives, financed by the RHSC’s Innovation Fund, have been implemented in Honduras [by JSI and Abt Associates] and Madagascar [by MSI and Futures Group].

The focus of the Total Market Initiative [TMI] is to facilitate and increase the effective delivery of RH supplies. This is to be done by means of a market segmentation exercise involving the in-country stakeholders from the public and non-public sectors involved in the provision of RH/FP services. The aim is to ensure the better use and targeting of resources, in particular to increase access and equity for currently underserved and otherwise marginalised population groups. The overall aim is to ensure that all individuals within the selected country are able to obtain and use the RH commodities of their choice when they need them. The total market initiative will include the segmentation of the total national market in order to reach agreement among service providers as to which population groups they will target with their RH/FP services.

The objective of each initiative [that in Honduras is complete while the one in Madagascar will end later in 2010] has been to facilitate a more complete understanding of the family planning market in each country [which providers are serving which population groups with which services – and who, therefore is under- or non-served]. This understanding is then used as a basis on which to work with a broad range of in-country stakeholders from the public and non-public sector to build an understanding of how the market could be segmented to better serve the diverse needs of all population groups. This knowledge

can also be used to [re]define the targets, and roles and responsibilities [including geographical focus] of the FP service providers operating within the country in question.

The initiative is designed to be adaptable to a wide-range of in-country conditions with a focus on raising equity and access. Hence attention to issues such as social insurance, vouchers schemes and other mechanisms designed to help ensure individuals seeking to exercise their rights and stay fit and healthy are not financially disadvantaged.

*The conceptualization of the Total Market Initiative was a collaborative effort of active MDAWG members – in particular, UNFPA, Abt Associates, MSI, JSI and Futures Group.*

### **Workstream 6: Involving manufacturers in MDA work**

This workstream aims to engage the manufacturers that are Coalition members in a discussion forum to facilitate exchange of information and ideas of mutual interest – and to act upon those ideas where deemed appropriate. As yet, possible outputs or deliverables that might result from this collaboration have not yet been determined. In the Manufacturers' Forum [Day 1 of MDAWG meeting, Washington DC, October 2007] the following issues were identified as possible areas to focus on: the question of pricing versus choice; procurement mechanisms; registration processes; import duties/procedures; access to reliable data; market segmentation and targeting; marketing and market growth. However unless there is a champion to take on this workstream it may be cancelled in 2010.

### **Workstream 7: Using Knowledge to Improve Access to RH Medicines**

Suggestion to work with WHO to help develop an Electronic Resource Portal for Reproductive Health Essential Medicines. Initially it is proposed that this work would focus on *Using Knowledge Pathways to Improve Access to RH Medicines and Medical Devices*.

*Early development of this workstream has principally involved WHO.*

### **Cross-cutting issues: Demand Creation**

The MDAWG has considered the need for a workstream on demand creation [or fulfillment] to provide some balance in the focus of the Coalition which, as its name suggests, is principally focused on the supply side of the equation. Ultimately, the MDAWG has decided, that until further notice, 'demand' is to be an issue that should be mainstreamed into all the workstreams of the MDA. Particular efforts can and should be made, particularly in relation to the Total Market Initiative under workstream 5 to ensure a strong focus on 'demand' as TMI work moves forward.

*The MDAWG work on 'demand' has principally involved Abt Associates, AED and UNFPA.*